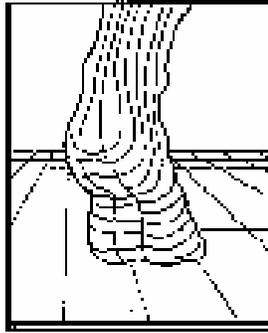


KEITH S. FEDER, M.D.
DIRECTOR OF
SPORTS MEDICINE

SPORTS MEDICINE
ARTHROSCOPY
GENERAL ORTHOPEDICS



WEST COAST
CENTER FOR
ORTHOPEDIC
SURGERY
AND SPORTS
MEDICINE
MANHATTAN BEACH CA



CAROL FREY, M.D.
ORTHOPEDIC FOOT & ANKLE CENTER

ORTHOPEDIC SURGERY
FOOT AND ANKLE
SPORTS INJURIES

POLICY FOR SUPPLIES

Because there is no guarantee that your insurance company will pay for the supplies that the doctor has ordered for you, we have made the following two options available to you, our patient.

- 1) The doctor requests that all supplies are paid for at the time the patient receives the item. You have the option of paying for the supplies at the time of your visit. **(or)**
- 2) You can wait until we submit a claim to your insurance carrier to request payment for the supplies needed. This may take up to 60 days or more to get a response from your insurance company. If you decide on this option, you will not receive any supplies until your insurance company pays us in full for the supplies, unless the doctor has made prior arrangements with you, the patient.

With either option, you will be responsible for any remaining balance that your insurance company does not pay. If your insurance company pays 100% then your deposit will be applied to any unpaid balance due on your account. If you do not have any unpaid balance on your account, your account will be credited, the balance will be used toward any further services rendered. If you do not have any unpaid balances a refund check will be issued, if requested by the patient.

PLEASE NOTE:

- 1) You will be responsible for any attempts or inquiries to your insurance company, regarding processing of this claim for payment. Professional services are rendered to you, our patient, not to your insurance company. Which means the insurance company is responsible to you directly.
- 2) All supplies are non-returnable once they leave our office for health and safety reasons.

Thank you for your understanding and cooperation.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

WITNESS: _____

